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PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/423,093
		Filing Date	November 1, 1999
		First Named Inventor	Peter Richard Reeves, et al
		Group Art Unit	
		Examiner Name	B. Sisson
Total Number of Pages in This Submission		Attorney Docket Number	23541.01

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard Receipt; Statement in Support of Submission; New CRF Diskette
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William H. Dippert Cowan, Liebowitz & Latman, P.C.
Signature	
Date	October 18, 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 10/18/2000

Typed or printed name	William H. Dippert
Signature	
Date	October 18, 2000

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FEE TRANSMITTAL

for FY 2000

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 195.00)

Complete if Known

Application Number	09/423,093
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METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3415**

Deposit Account Name **Cowan, Liebowitz & Latman, PC**

Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	690	201 345 Utility filing fee	
106	310	206 155 Design filing fee	
107	480	207 240 Plant filing fee	
108	690	208 345 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
	-20**	=	X =
Independent Claims	- 3**	=	X =
Multiple Dependent			=

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	78	202 39 Independent claims in excess of 3
104	260	204 130 Multiple dependent claim, if not paid
109	78	209 39 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65		Surcharge - late filing fee or oath	
127	50	227 25		Surcharge - late provisional filing fee or cover sheet.	
139	130	139 130		Non-English specification	
147	2,520	147 2,520		For filing a request for reexamination	
112	920*	112 920*		Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115	110	215 55		Extension for reply within first month	
116	380	216 190		Extension for reply within second month	190.00
117	870	217 435		Extension for reply within third month	
118	1,360	218 680		Extension for reply within fourth month	
128	1,850	228 925		Extension for reply within fifth month	
119	300	219 150		Notice of Appeal	
120	300	220 150		Filing a brief in support of an appeal	
121	260	221 130		Request for oral hearing	
138	1,510	138 1,510		Petition to institute a public use proceeding	
140	110	240 55		Petition to revive - unavoidable	
141	1,210	241 605		Petition to revive - unintentional	
142	1,210	242 605		Utility issue fee (or reissue)	
143	430	243 215		Design issue fee	
144	580	244 290		Plant issue fee	
122	130	122 130		Petitions to the Commissioner	
123	50	123 50		Petitions related to provisional applications	
126	240	126 240		Submission of Information Disclosure Stmt	
581	40	581 40		Recording each patent assignment per property (times number of properties)	
146	690	246 345		Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249 345		For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 190.00)

SUBMITTED BY

Name (Print/Type)	William H. Dippert	Registration No. (Attorney/Agent)	26,723	Telephone	212-790-9237
Signature	<i>William H. Dippert</i>			Date	October 18, 2000

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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